Mr. Harman points out that this is essential in order that difficult cases may be properly dealt with. I should like to remark that this is also necessary from the point of view of the oculist himself. The number and variety of ophthalmoscopic conditions to be seen in a school clinic are very small, retinoscopy occupying a very large proportion of the work. So also the number of external diseases is small, if one excludes chronic blepharitis and phlyctenular conjunctivitis. Again, there are no facilities in the school clinics for operating or seeing operations performed. In order, therefore, that the school oculist may be proficient in the practice of ophthalmology as a whole, he must have a wider field of activity than the school clinic. The school oculist, it seems to me, ought to be allowed to spend two afternoons a week in the clinic of an eye hospital. The most satisfactory arrangement seems to hold where the school oculist devotes his forenoons (two and a half hours for five days a week) to the school clinic, and spends his afternoons at an eye hospital and at private practice.—I am, etc.,

JAMES N. TENNENT,
Ophthalmic Surgeon, Dumbartonshire Education Authority.

Glasgow, May 30th.

CELL ACTIVITY AND SPECIFIC DRUG ACTION.

SIR,—As a general practitioner I was much interested in Dr. S. E. White's letter on cell activity and specific drug action which appeared in your issue of May 7th. The search for the specific curative drug in any case of disease, acute or chronic, must ever remain the chief aim of applied therapeutics. The suggestion that the selection of a drug by means of a close comparison of all its known and recorded symptoms and effects, with the total symptomatology presented by the diseased patient, is the basis of homoeopathy. The homoeopathic physician believes that in so administering a drug he is administering a specific stimulus to curative tissue reaction. The letter might well have been written by a homoeopath; and I cannot see any material difference between the suggestions put forward by Dr. White and the principles by which homoeopaths have selected and do select their drugs.

To my mind a more important consideration is whether such a method of drug selection is possible, practicable, or worth while. It is possible because homoeopathy possesses a large and complete "symptom register" pertaining to many drugs. The symptoms so recorded have been elicited by the administration of each drug to large numbers of healthy people who were willing to be subjects of experiment, the drug being "pushed" in many instances till serious and poisonous effects were produced. The symptoms felt and the signs presented by each "prover" were carefully correlated and compared with those presented by other "provers," and symptoms doubtfully due to the drug were eliminated. Clinical use and experience, moreover, have still further established a true symptomatology, while the effects of criminal and accidental poisonings have extended our knowledge of drug effects beyond those possible in a "proving." The net result is that, for the main drugs at least, the "symptom register" is full and genuine.

It is practicable to use this method by carefully taking note of *all* the symptoms presented by the patient—that is, his total divergence from his own or the commonly accepted normal; and not only those particulars which would lead to a diagnosis of the disease he is suffering from. It is then necessary to compare this record with the already existing symptom registers referred to; and to choose therefrom the drug which most closely corresponds to it. The drug is then administered in a dose which must be sufficient to stimulate reaction but insufficient to add to the sufferings of the patient, who—if the choice of drug be correct—is hypersensitive to it. That it is the tissue reaction which cures, and not the drug directly is suggested by the fact that a repetition of the dose before the first has exhausted itself is very likely to stop reaction altogether. This method of choosing a drug is obviously laborious and time-consuming to the novice, and frequently enough to the experienced homoeopath. The results, however, make it well worth while. At the worst they are as good as the physician could formerly get by using drugs in the ordinary manner; in most cases they are decidedly better, and in some they appear at first as little short of miraculous. Cases that have resisted ordinary drug treatment can often be satisfactorily dealt with; and even those that one had considered hopeless remain hopeless no longer. All this only if the physician spare neither time nor trouble. There are no short cuts to success, and homoeopathy offers no royal road to the cure of the sick. What it does offer is the means to cure so long as the patient has tissues that are capable of curative reaction.—I am, etc.,

London, N., May 19th. W. N. BARKER, M.B., Ch.B.

HEART-BLOCK.

SIR,—I do not think that a paper such as that of Dr. Wardrop Griffith (May 28th, p. 763) should be allowed to pass without criticism, and especially that part where he says "it is clear that the systolic plateau is dimpled by the drag of the contracting auricle." Is it the function of the auricle to "dimple," and if not, why in this particular case? Did Dr. Griffith take the cardiogram from the patient sitting up or lying down? Was the receiver one inch or three inches in diameter? A reference to my article in the February number of the *Practitioner*, on "The pericardial factor in heart disease," will show that a great deal depends on the position of the patient and the size of the receiver, and that what may be a "dimple" in one position may be something quite different in another.

Apparently no consideration has been given in Dr. Griffith's cases to the quantity and quality of the pericardial fluid present; that they should be taken into account is proved by the fact that when the quantity is in excess, as in pericardial effusion, both waves and "dimples" disappear, whereas in toxic conditions the quality of the pericardial fluid varies with that of the other fluids of the body, and shows itself by an increased number of waves, due probably to a modification of the negative intracardial pressure.

His first case is stated to have died "without any obvious (*sic*) cardiac symptoms": possibly something abdominal was the cause of death; yet, are not the pericardial conditions very often disturbed in abdominal and especially peritonitic affections? The cardiac tracing in Fig. 5 is, in my opinion, one that suggests a toxic condition, and the fact that the heart conditions improved towards the end tends to confirm it.—I am, etc.,

Swansea, May 30th. G. ARBOUR STEPHENS.

THE "MEDICAL DIRECTORY, 1922."

SIR,—We beg leave to inform you that the annual circular has been posted to every member of the profession. We shall be grateful for its early return to us. If any practitioner fails to receive the form we will, upon request, send him a duplicate.—We are, etc.,

THE EDITORS OF THE "MEDICAL DIRECTORY."
7, Great Marlborough Street, London, W.1,
June 4th.

Obituary.

SAMUEL THOMAS KNAGGS, M.D., F.R.C.S.I.,
Sydney.

WE regret to record the death, on April 13th, of Dr. Samuel Thomas Knaggs, who, until his retirement seven years ago, was one of the leading medical men of New South Wales. He was born in Ireland in 1842, and was brought by his father to Newcastle, Australia, six years later, and there he went to school. He returned to Dublin to study medicine, and in 1870 he obtained the diplomas of L.R.C.P.I. and L.R.C.S.I., passing his Fellowship examination and also graduating in medicine and surgery at Aberdeen University in the following year. In 1873, after he had returned to Australia, he obtained the degree of M.D.Aberd. He became one of the best-known general practitioners in New South Wales, was honorary surgeon to the Newcastle Hospital, joined the New South Wales naval forces, attaining the rank of fleet surgeon, and received the Victorian Decoration. In 1875 he became editor of the *New South Wales Medical Gazette*, which, however, ceased publication six months later. Attracted by medical journalism, Dr. Knaggs two years afterwards started his own medical journal, *The Australian Practitioner*, which was admirably edited and had a considerable effect on the public